

## Training Manual

---

# Reporting and Recording Documentation for Monitoring Immunization Work in Georgia

## Level 1: Providers of Immunization Services

---

*Third Edition, February 2003*

---

Prepared by:

---

Ministry of Labor, Health and  
Social Affairs of Georgia

National Center for Disease  
Control

*With technical support provided  
by:*

Partners for Health Reform*plus*  
Curatio International Foundation



Ministry of Labor, Health  
and Social Affairs  
National Center for Disease  
Control and Medical Statistics



Curatio  
International  
Foundation



Partners for Health Reform*plus*



Abt Associates Inc. ■ 4800 Montgomery Lane, Suite 600  
Bethesda, Maryland 20814 ■ Tel: 301/913-0500 ■ Fax: 301/652-3916

*In collaboration with:*

Development Associates, Inc. ■ Emory University Rollins School of Public  
Health ■ Philoxenia International Travel, Inc. ■ Program for Appropriate  
Technology in Health ■ Social Sectors Development Strategies, Inc. ■  
Training Resource Group ■ Tulane University School of Public  
Health and Tropical Medicine ■ University Research Co., LLC.



*Funded by:*  
U.S. Agency for International Development

*Order No. TK 007*





## **Mission**

*Partners for Health Reformplus is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:*

- ▲ *Implementation of appropriate health system reform.*
- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

This document was produced by PHRplus with funding from the US Agency for International Development (USAID) under Project No. 936-5974.13, Contract No. HRN-C-00-95-00024 and is in the public domain. The ideas and opinions on this document are the authors and do not necessarily reflect those of USAID or its employees. Interested parties may use the report in part or whole, providing they maintain the integrity of the report and do not misrepresent its findings or present the work as their own. This and other HFS, PHR, and PHRplus documents can be viewed and downloaded on the project website, [www.PHRplus.org](http://www.PHRplus.org).

## **Third Edition, February 2003**

### **Recommended Citation**

Ministry of Labor, Health and Social Affairs of Georgia and National Center for Disease Control. February 2003. *Training Manual: Reporting and Recording Documentation for Monitoring Immunization Work in Georgia – Level 1: Providers of Immunization Services*. Third Edition. Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc.

For additional copies of this report, contact the PHRplus Resource Center at [PHR-InfoCenter@abtassoc.com](mailto:PHR-InfoCenter@abtassoc.com) or visit our website at [www.PHRplus.org](http://www.PHRplus.org).

**Contract/Project No.:** HRN-C-00-00-00019-00

**Submitted to:** USAID/Caucasus

and:  
Karen Cavanaugh, CTO  
Health Systems Division  
Office of Health, Infectious Disease and Nutrition  
Center for Population, Health and Nutrition  
Bureau for Global Programs, Field Support and Research  
United States Agency for International Development



# Abstract

The third edition of the training manual for health care providers is a comprehensive compendium of the Georgia immunization program documentation for the facility level. It contains current recordkeeping and reporting requirements of the Ministry of Labor, Health and Social Affairs (MoLHSA) and the National Center for Disease Control; guidelines for immunization data analysis and utilization; and materials for monitoring and evaluating the immunization system and provider performance. The MoLHSA has adopted these guidelines for nationwide implementation after a year-long pilot in Kacheti region.

The manual is designed primarily for personnel in health care facilities that deliver immunization services. Materials in the section on the evaluation of work at immunization points can be used both by facilities, to guide them through self-evaluations, and by rayon centers of public health, to monitor and supervise facility work.

The worksheets for monitoring of immunization work that are recommended in this manual are illustrative. A full set of worksheets has been published in a separate workbook.

---



# Table of Contents

Acronyms .....	ix
Contributors .....	xi
Acknowledgments.....	xiii
1. Recordkeeping and Reporting Documentation .....	1
Record Book for Registering Children by Year of Birth (Record Book 1.1).....	2
Population by Age Report (Form 1.2).....	5
Prospective Plan for Immunizations for the Next Year (Form 1.3) .....	7
Exchange Card of a Newborn (Form 113) .....	10
Child Development History (Form 112) .....	11
Immunization Record (Form 063).....	11
Record Book for Monthly Planning and Registering of Immunizations (Record Book 1.4).....	13
Record Book for Long-term (More than 1 Month), Constant Contraindications and Refusals (Record Book 1.5).....	16
Record Book for Vaccine, Syringe, and Safety Box Flow (Record Book 1.6).....	18
Temperature Registration Record (Form 1.7) .....	20
Report on Immunization Practice (Form 1.8) .....	22
2. Submission of the Reporting Documentation .....	27
3. Monitoring System.....	29
Monitoring of DTP-3 Coverage of Children Under 1 Year .....	30
Monitoring of Timeliness of the Primary Vaccination (DPT-3) at 4 Months 29 Days.....	33
Vaccine Usage Indicator .....	36
Monitoring of the Percentage of Children with Contraindications to DTP and Refusals .....	39
4. Evaluating Facility-Level Performance/ Providers .....	41

---

## List of Record Books and Forms

Record Book 1.1: Register of Children by Year of Birth.....	3
Form 1.2: Population by Age Report .....	6
Form 1.3: Prospective Plan for Immunizations for the Next Year.....	8
Form 063: Immunization Record.....	12
Record Book 1.4: Record Book for Monthly Planning and Registration of Immunizations .....	14

Record Book 1.5: Record Book for “Long-term” (More than 1 Month), Constant Contraindications and Refusals .....	17
Record Book 1.6: Record Book for Vaccine, Syringe, and Safety Box Flow .....	19
Form 1.7: Temperature Registration Record.....	21
Form 1.8: Report on Immunization Practice .....	24
Monitoring of DPT-3 Coverage of Children Under 1 Year .....	31
Monitoring of Timeliness of Primary Vaccination (DPT-3).....	34
Worksheet on the Use of DPT Vaccine .....	37
Monitoring of Percentage of Children with Contraindications to DTP and Refusals.....	40
Performance Evaluation Checklist for Immunization Providers.....	41
Evaluation of the Work of Immunization Facilities.....	44



# Acronyms

<b>BCG</b>	Bacillus, Calmette and Guerin Vaccine
<b>CPH</b>	Center for Public Health
<b>CIF</b>	Curatio International Foundation
<b>CMSI</b>	Center for Medical Statistics and Information
<b>DoB</b>	Date of Birth
<b>DT</b>	Diphtheria and Tetanus Toxoid combination
<b>DPT</b>	Diphtheria, Pertussis and Tetanus vaccine
<b>FAP</b>	Feldsher & Midwife Station
<b>MIS</b>	Management Information System
<b>MMR</b>	Measles, Mumps and Rubella vaccine
<b>MoLHSA</b>	Ministry of Labor, Health and Social Affairs
<b>NCDC</b>	National Center for Disease Control
<b>PATH</b>	Program for Appropriate Technology in Health
<b>PAU</b>	Polyclinic Ambulatory Unit
<b>PHR<sub>plus</sub></b>	Partners for Health Reform <sub>plus</sub> Project
<b>TB</b>	Tuberculosis
<b>Td</b>	Tetanus and Diphtheria Toxoid
<b>USAID</b>	United States Agency for International Development



# Contributors

This manual has been prepared by the Ministry of Labor, Health and Social Affairs (MoLHSA) expanded working group headed by P. Imnadze, Director of the National Center for Disease Control (NCDC), with technical assistance received from USAID/PHR<sup>plus</sup> and Curatio International Foundation.

The working group also included the following:

<i>Ramaz Urushadze</i>	Head of the Public Health Department, MoLHSA
<i>Paata Imnadze</i>	Director, NCDC
<i>Levan Baidoshvili</i>	Immunization Program Coordinator, NCDC
<i>Manana Tsintsadze</i>	Head, Center for Medical Statistics and Information (CMSI)
<i>Marina Shakh-Nazarova</i>	Head, Data Analysis & Presentation Division, CMSI
<i>Tamar Dolakidze</i>	Head, Logistics and Immunization Department, NCDC
<i>Lia Djabidze</i>	Logistics and Immunization Department, NCDC
<i>Gia Chirakadze</i>	Deputy Head, Public Health Department, MoLHSA
<i>Ketevan Galdavadze</i>	Chief Specialist of Surveillance Division, Public Health Department, MoLHSA
<i>Neli Khizanishvili</i>	Director, Kakheti Regional Public Health Center
<i>Lili Zautashvili</i>	Deputy Director, Kakheti Regional Public Health Center
<i>Merab Sepashvili</i>	Director, Kvareli Rayon Public Health Center
<i>Nunu Nozadze</i>	Director, Lagodekhi Rayon Public Health Center
<i>Lela Otarashvili</i>	Director, Sagarejo Rayon Public Health Center
<i>Lamara Jangirashvili</i>	Deputy Director, Telavi Rayon Public Health Center
<i>Niko Aivazashvili</i>	Chief Doctor, Polyclinics-Ambulatory Unit, Telavi
<i>Natela Tsikaradze</i>	Doctor/Statistician, Polyclinics-Ambulatory Unit, Telavi
<i>Ketevan Gelashvili</i>	Deputy Director, Telavi Rayon Public Health Rayon Center
<i>Ketino Rostomashvili</i>	Doctor/Statistician, Children's Polyclinic in Telavi
<i>Tamriko Sisauri</i>	Statistician, Telavi Rayon Public Health Center



# Acknowledgments

The MoLHSA of Georgia and the Working Group are grateful to the *U.S. Agency for International Development (USAID/Caucasus)* for the opportunity to realize plans on elaboration and introduction of the new information system as well as to **PHRplus** and the *Curatio International Foundation* for their support and technical assistance in this process.

The production of this manual was funded by USAID under the prime contract No. HRN-C-00-00-00019-00 and subcontract No. 02-011-HPSS-7544.

The names, addresses, and immunization records shown in forms in this publication do not refer to real persons and are used for illustrative purposes only.



# 1. Recordkeeping and Reporting Documentation

This chapter explains the various immunization documentation and reporting requirements that providers of immunization services must complete and file with the appropriate health facilities. Each section explains how the immunization record book, or form, should be completed, where data can be found to complete the form, who is responsible for completing it, and when the form should be filed. This reporting documentation applies to Feldsher and midwife stations, village ambulatories, pediatric and therapeutic districts of polyclinics, and maternity houses.

# Record Book for Registering Children by Year of Birth (Record Book 1.1)

## Purpose of the Record Book

The Record Book for Registering Children by Year of Birth (1.1) is proposed to regulate the registration process of all pregnancies and the child population in the catchment area of the village ambulatory, polyclinic, or any health facility in the country. Also it has broader application in overall statistical reporting that facilities have to carry out according to Georgian regulations. This record book should replace the journal (a list of children) the facility currently uses to register children, and it should become the only registry for child population in the catchment area.

## Responsible Person(s)

Usually each district doctor prepares this record book with the help and support of a district nurse. Only children residing in the catchment area of the doctor/nurse are registered in this record book.

## Registering Children by Year of Birth

The record book for registering children under 15 years of age (0-14 years, 11 months, 29 days) (1.1) is filled out annually, on the basis of a census performed in September-October, and upon a child's birth, death, departure from the catchment area, or arrival at a health care facility. Dates of censuses are recorded at the end of the book.

***The census is aimed at identifying ALL children in the catchment area; the children should be included in the registry irrespective of availability of birth certificate or health insurance policy.***

Children's records in book 1.1 are grouped by year of birth starting from the oldest age group (1988, 1989, 1990, etc.); each age group (year) has its own page in the record book.

Every newborn or child moving into a district should be registered in the record book (1.1) in accordance with his or her year (date) of birth under a *unique registration number*. This unique number is structured in the following way: the first two digits of the registration number represent the last two digits of the child's year of birth (for instance, "02" for a child born in 2002); the second two digits represent the order in which the child was recorded in the book. Numbering starts at the beginning of each year.

For example, the registration number "02/03" signifies that the child was born in 2002 and was the third child in the catchment area in 2002 to be recorded by the doctor/facility in the Record Book for Registering Children by Year of Birth (1.1). This registration number should also be written on all other children's records: forms 112 and 063, and in the Record Book for Monthly Planning and Registration of Immunizations (1.4). Children's registration numbers may contain a health district number (e.g., D1-02/01) should a health care catchment area be divided into various service districts.

If a child arrives with his or her own forms (112, copy of 063) on which a registration number is already stated, the health worker should assign a new number in sequence with the numbers in the facility record book (1.1) and use this new registration number on these forms.



## Record Book 1.1: Register of Children by Year of Birth

[illegible]

\* Filled in annually, on the basis of the census, in September-October and upon children's birth, death, or arrival or departure from the health care facility.

\* Children are grouped by year of birth (1988, 1989 etc.). Each group (year) has its own page in the record book.

\* Registration number of a child is also written on all other record forms (112, 063) and in the monthly immunization plan (1.4).

\* If a child arrives with his own forms (112, copy of 063), a health worker should write the child's new registration number on all these forms. The new number incorporates the current calendar year and the next sequential number in the registration list (ordinal number).

\* Once a year the Population by Age report (1.2) is compiled on a basis of this record book.

\* All children must be included in the list irrespective of existence of birth certificate or health insurance.

In the columns “Place of Birth” specific cells are marked under the respective column based on where the child was born: “at home” or “at maternity.” It is critical to adequately identify the child based on his or her birthplace. Health workers should mark the respective columns for children in this age group who are either organized in the orphanages or attend school/preschool.

The date a child leaves or arrives at the health care facility should be stated in the column “arrived/left.” Whenever possible, one should also indicate the address where the child came from or is returning to. Children who came to the territory for a period of four months or more should be registered, and those who have left the territory for one year or more should be removed from the list. In a case where a child either moves to another area for permanent residence or dies<sup>1</sup>, his or her sequential number will remain and will not be assigned to another child.

### Relation to Other Forms/Journals

The following table illustrates how the Record Book for Registering Children by Year of Birth (1.1) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Any record that mother presents about child prepared by other health facilities (Form 113, 112, etc.)	All details about child	<b>Record book 1.1</b>	<b>Form 1.2</b> Population by Age Report Timeliness section of the monthly report 1.8	Child age group
			Annual Statistical Form No. 1, tables 2200, 2001 Form 16, tables 1000, 1001, 3001, 5000	Population by age group and number of home deliveries

---

<sup>1</sup> The death of a child should be registered in the annual form 16, Report on Medical Care for Children (0-14 year) and Adolescents/pupils (15-17 year), table 500.

## Population by Age Report (Form 1.2)

### Purpose of the Form

Health care facilities use the Population by Age Report (form 1.2) for various reasons and for immunization purposes. The information of each age group included in this report is derived for annual immunization planning, coverage computation, estimating vaccine requirements, and various other things.

### Responsible Person(s)

Usually the district doctor prepares this report with the help and support of the district nurse. A copy of the form is always kept by the same person.

### Instructions for Filling Out Forms

The Population by Age Report (1.2) is compiled annually (in October) on the basis of data obtained from the Record Book for Registering Children (1.1) and statistical data for the adult population (15 years or older) obtained from official sources such as the *Sakrebulo* (local council) and *Gamgeoba* (local governor's office). This report (1.2) is submitted to health care facilities in accordance with territorial subordination (village ambulatory/polyclinic, polyclinic ambulatory unit (PAU), rayon center for public health) once a year, in October or November.

The age group "Under 1" in this report (1.2) is prospective and includes children born during the eight months of the current year (I-VIII), plus children born in the ninth through twelfth months of the previous year (IX-XII). Other age groups are derived directly from the Record Book for Registering Children (1.1).

Data from the Population by Age Report (form 1.2) is the basis for completing the annual Prospective Plan for Immunizations (form 1.3) for immunization points. The accuracy of the Prospective Plan for Immunizations for the next year depends on the accuracy of data in the report (form 1.2).

### Relation to Other Forms/Journals

The following table illustrates how the Population by Age Report (form 1.2) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form	Target for Information	Type of Information
<b>Record book 1.1</b> , for Registering Children by Year of Birth (based on census)	Number of population for each age group	<b>Form 1.2</b>	<b>Form 1.3</b>	Prospective plan for immunizations
<b>Record book (1.1)</b> statistical data on adults from Sakrebulo and Gamgeoba	Number of population for each age group			

## Form 1.2: Population by Age Report

\_\_\_\_\_ (health care setting) \_\_\_\_\_ (date)

Age groups	Year of birth	Population
under 1	I-VIII m. 2003+IX-XII m. 2002	
1	2002	
2	2001	
3	2000	
4	1999	
5	1998	
6	1997	
7	1996	
8	1995	
9	1994	
10	1993	
11	1992	
12	1991	
13	1990	
14	1989	
TOTAL 0-14y11mo29d		
15	1988	
16	1987	
17	1986	
18	1985	
19	1984	
TOTAL 15-19y11mo29d		
20-29	1974-1983	
30-39	1964-1973	
40-49	1954-1963	
50-59	1944-1953	
60+	up to 1943 incl	
TOTAL 20+		
<b>TOTAL</b>		

\* Compiled once a year (in Oct) on a basis of the data from the Record Book for Registering Children (1.1).

\* Age group "under 1" includes children born during first eight months (I-VIII) of the current year, plus children born in the last four months (IX-XII) of the previous year.

\* Data from this record is the basis for making the Annual Prospective Plan for Immunizations (1.3).

# Prospective Plan for Immunizations for the Next Year (Form 1.3)

## Purpose of the Form

The Prospective Plan for Immunizations for the Next Year (form 1.3) is used to plan immunizations for various age groups in the catchment area according to the official immunization calendar the Ministry of Labor, Health and Social Affairs (MoLHSA) has adopted in the country.

## Responsible Person(s)

For ambulatories and Feldsher and midwife stations (FAPs), every district doctor, with the help of a district nurse, is responsible for preparing the prospective plan for immunization for those children who reside in their catchment areas. Based on this primary source of information, polyclinic facilities (heads) prepare the cumulative plan for their respective catchment areas. A copy of the form is kept at the facility.

## Instructions for Filling Out Forms

The Prospective Plan for Immunizations for the Next Year (1.3) is made once a year (in October) on the basis of the Population by Age Report (1.2) and forms 063.

When completing this form for vaccination of children against pertussis, diphtheria, tetanus, polio, tuberculosis (TB) and hepatitis B, one must note two age groups: “Under 1y” (less than 1 year old) and “Over 1y” (more than 1 year old). Data for the group “Under 1y” are taken from the appropriate age group of the Population by Age Report (1.2). This information should be recorded next to the appropriate vaccine, with the exception of TB and hepatitis B-1, where the number of home deliveries and number of children not immunized in maternity homes during I-VIII months of the current year and IX-XII months of the past year should be combined. This means that the target group “Under 1y” for polio, diphtheria, pertussis, tetanus, and hepatitis-3 will be the same as the relevant age group in report 1.2.

The Prospective Plan (1.3) also has two age groups – “1 year” and “Over 2y” – for immunization against measles, mumps, and rubella. Data for the age group “1 year” is taken from the line “Under 1y” in the Population by Age Report, because in the following year (for which the plan is being completed), the child will be 1 year old. This means the target group “Under 1y” for all above-mentioned vaccinations (excluding TB and hepatitis B-1) and “1 year” for immunization against measles, mumps, and rubella will be the same.

The target groups for “[children] “Over 1y” (for diphtheria, pertussis, tetanus, polio, tuberculosis, and hepatitis B) and “Over 2y” (for measles, mumps, and rubella) includes children in those respective age groups who either were not immunized or have not completed the primary vaccination set. Data for these groups of children are taken from individual children’s forms 063.

### Form 1.3: Prospective Plan for Immunizations for the Next Year

at \_\_\_\_\_ (level of immunization point)

	Type of immunization	Target # of people	REMARKS
	<b>VACCINATIONS</b>		
1	<b>BCG</b> under 1		Only home deliveries (see journal 1.1) and not immunized in maternity house (see F-063)
	BCG 12-24 month		Not immunized children 12-24 month (F-063)
2	<b>Hepatitis B -1</b> under 1		Only home deliveries (see journal 1.1) and not immunized in maternity house (see F-063)
	<b>Hepatitis B -3</b> under 1		AGE GROUP "UNDER 1" (See Population by age report 1.2 )
	Hepatitis B 12-24 month		Not immunized or not fully immunized children 12-24 month (F-063)
3	<b>Polio, Pertussis, Diphtheria, Tetanus</b> under 1		AGE GROUP "UNDER 1" (See Population by age report 1.2 )
	Polio 1-15 year		Not immunized or not fully immunized children over 1 y (F-063)
	DTP 1-4 year		Not immunized or not fully immunized children over 1 y (F-063)
	DT 1-6 year		Not immunized or not fully immunized children over 1 y (F-063)
	Td over 6 year		Not immunized children, adolescents and adults (F-063)
4	<b>Measles, Mumps (Rubella)</b> 1 year		AGE GROUP "UNDER 1" (See Population by age report 1.2)
	Measles 2-15 years		Not immunized children over 2 years (F-063)
	Mumps 2-15 years		Not immunized children over 2 years (F-063)
	<b>BOOSTERS</b>		<b>REMARKS</b>
1	DTP 4 (18-24mo)		Children born in the first half of the current year + children born in the last half of the last year
2	DT-4 (18+)		Children immunized with DT
3	Polio 4 (18-24mo)		Children born in the first half of the current year + children born in the last half of the last year
4	DT (5y-5y11m29d)		The entire relevant age group including children with contraindications (See Population by age report 1.2)
5	Polio (5y-5y11m29d)		The entire relevant age group including children with contraindications (See Population by age report 1.2)
6	Measles, Mumps, Rubella (5y-5y11m29d)		The entire relevant age group not excluding children with contraindications and those who have had the disease (See Population by age report 1.2)
7	BCG (5y-5y11m29d)		The entire relevant age group including children with contraindications (See Population by age report 1.2)
8	Td (14 y)		The entire relevant age group including children with contraindications (See Population by age report 1.2)

\* Filled in once a year (in Oct.) on the basis of the Population by Age Report (1.2).

\* Target group for children aged more than 1 year, "12-24 month" (for diphtheria, pertussis, tetanus, polio, TB and Hep B) and "over 2y" (measles, mumps) includes children over 1 or 2 years, who are either not immunized or have not completed the primary vaccination. Data for these groups are taken from individual children's forms 063.

In the boosters section, the DPT-4 and polio-4 targets consist of children born during the first six months of the current year and last six months of the previous year, and this figure should be derived from record book 1.1. Children who are not in this age group and require boosters are not included in the plan. The target for the fourth dose of the diphtheria and tetanus toxoid combination (DT-4) should include children over 18 months who have been vaccinated with DT. The information for the column for DT, polio, measles, and BCG “5y – 5y.11m.29d.” is taken from the appropriate age group of children who will be 5 years old the following year.

This report (1.3) is submitted to health care facilities in accordance with territorial subordination (village ambulatory/polyclinic head, PAU, rayon PHC) once a year in October or November.

### **Special Requirement**

Children who were not vaccinated according to their age and not included in the prospective plan should be immunized, and this has to be reflected in a monthly report.

### **Relation to Other Forms/Journals**

The following table illustrates how Prospective Plan for Immunizations for the Next Year (form 1.3) relates to the types of information presented in other forms.

<b>Source of the Information</b>	<b>Type of Information</b>	<b>Current Form/Journal</b>	<b>Target for Information</b>
<b>Form 1.2 -</b> Population by Age Report  Form 63	Total number of children under 1 year is calculated based on 8 months of this year + last 4 months (IX-XII) of past year.  Non-immunized children over 1 year (2 years)	<b>Form 1.3</b>	Immunization coverage monitoring form  Worksheet for the projection of vaccine needs (at rayon level)
Statistical data on adults from “Sakrebulo and Gamgeoba”	Number of population for each age group		

## Exchange Card of a Newborn (Form 113)

### Purpose of the Form

The Exchange Card of a Newborn (form 113) is completed for every child born in a maternity home, and reflects the initial immunization status of the child. Upon discharging a child from a maternity home, the attending doctor should make a note about the child's BCG immunization in form 113. However, if the child or parent does not present form 113, the questionnaire for a newly arrived child is completed.

### Responsible Person(s)

This form is prepared by the attending doctor at the maternity home and given to the mother.

### Instructions for Filling Out Forms

If a child does not receive BCG (for a specific reason such as contraindication), the reason should be stated in form 113. Upon discharging a child from a maternity home, the attending doctor should send form 113 to the appropriate pediatric (therapeutic) district where the child lives.

After receiving the child's form 113, a health worker should enter the data about the newborn in the Record Book for Registering Children (1.1) under a unique registration number and then start form 112 for this child (form 113 should be pasted into form 112).

Form 063 is used for recording BCG and subsequent immunizations. The registration number on a child's forms 112 and 063 should correspond to the registration number in the record book (1.1).

### Relation to Other Forms/Journals

The following table illustrates how Exchange Card for a Newborn (form 113) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Child record at maternity	BCG	Form 113	Form 112 + Form 063	BCG



## Child Development History (Form 112)

### Purpose of the Form

Child Development History (form 112) is assigned to every child in the district. It reflects the history of a child's development and all medical services provided to that child, as well as the child's immunization status.

## Immunization Record (Form 063)

### Purpose of the Form

The "Map" (record) of Immunizations (form 063) is assigned to every newborn. This form is needed to record and monitor immunizations given to a child. Form 063 also contains information about a child's reaction following immunizations and any medical contraindications.

### Responsible Person(s)

Each district doctor prepares this form with the help and support of the district nurse. A copy of the form is always maintained by the same person and should be kept at the health care facility in specially organized boxes.

### Instructions for Filling Out Forms

Form 063 is organized in accordance with the child's year of birth and scheduled immunization month. When the child reaches the age of 15, form 063 is passed to the adult polyclinic registry for further recording of immunizations and formation of the register (card index) of immunizations given to adults. Immunizations of adults who belong to other age groups are recorded in existing record books for registering vaccinations for adults until the formation of the adult immunization register (card index).

### Relation to Other Forms/Journals

The following table illustrates how the Immunization Record (form 063) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Form 112, Child Development History	Name, DoB, address	Form 063	Record book 1.4, Monthly Plan for Immunization	Ind. information, number of children who are to be immunized this month
Record Book 1.1, for Registering Children by Year of Birth	Registering #		Form 1.3, Prospective Plan for Immunizations for the Next Year	Determine contingent of not immunized or not fully immunized children over 1 year
Form 113, Exchange Card of a Newborn	Information on immunization BCG given		Form 1.8, Report on Immunization Practice	Timeliness of immunizations given

# Form 063: Immunization Record

## Ministry of Health of Georgia

Name of the health care setting \_\_\_\_\_

Registration date \_\_\_\_\_ Registration # \_\_\_\_\_

1. NAME \_\_\_\_\_

2. DoB \_\_\_\_\_

3. HOME ADDRESS: city/village \_\_\_\_\_, street \_\_\_\_\_, house \_\_\_\_\_, apt \_\_\_\_\_

Rayon \_\_\_\_\_

Notes about changes of home address \_\_\_\_\_

TB immunization								
	Age	Date	Dose	Lot#	Adverse reaction (local)		Contraindications (period, reason)	
Vaccination								
Boosters								
Polio immunization								
Vaccination				Boosters				
Age	Date	Lot#	Age	Date	Lot#	Age	Date	Lot#
Diphtheria, pertussis and tetanus immunizations								
	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	
Vaccination								
Boosters								
Measles, mumps, rubella immunizations								
	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	
Hepatitis B Immunizations								
	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	
Other immunobiologicals (Immunoglobulins, other vaccines)								
	Age	Date	Dose	Lot#	Vaccine type	Adverse reaction		Contraindications (period, reason)
						General	Local	

Date of leaving the register \_\_\_\_\_ Reason \_\_\_\_\_ Signature \_\_\_\_\_.

\* The card is filled in at a child's health care facility or FAP when the child is registered. It should be kept at the facility.

\* A certificate of vaccinations is given when a child moves from a town or rayon. When the child reaches the age of 15, the record is passed to the registry of adult polyclinic.

# **Record Book for Monthly Planning and Registering of Immunizations (Record Book 1.4)**

## **Purpose of the Record Book**

The Record Book for Monthly Planning and Registering of Immunizations (1.4) is recommended to record the planning and registering of immunizations (vaccination and boosters) on a monthly basis. All of these vaccinations and boosters are planned at the end of a month on the basis of forms 063.

## **Responsible Person(s)**

Every district doctor, with the help of a district nurse or vaccinator, is responsible for preparing the Record Book for Monthly Planning and Registering of Immunizations (1.4).

## **Instructions for Filling Out Forms**

The names of children eligible for the next immunization are entered in the record book (1.4) in accordance with the immunization schedule. The registration numbers of these eligible children are taken from forms 063 and entered in the first column (“№.”). This number must be identical to the number in forms 112 and 063 of the respective child. The column “Actually done (date)” has two parts: “under 1y/2y/6y” and “late over 1y/2y/6y.” As soon as a child is immunized, a health worker should enter the date of immunization in the column appropriate to the age of the child on the day of immunization. The lot number and dose of vaccine should also be indicated (in the column “Remarks”). In cases where more than one immunization is given per child per month, the relevant number of lines in the record book (1.4) can be assigned to each child. On the day of immunization all the data should be entered in the appropriate columns of both the record book (1.4) and forms 063 and 112.

If a child does not get immunized because of a temporary medical contraindication, the contraindication should be stated in the column “Remarks” and the child should be immunized the following month. If a child does not get immunized for other reasons (e.g., absence of vaccine, child did not appear), these reasons also should be indicated in the column “Remarks” and the child should be immunized on the next immunization day.

If a child is determined to have a long-term or permanent contraindication, a health worker should register it in the Record Book for “More Than 1 Month,” Constant Contraindications and Refusals (1.5). If a “guest” (a child who arrived in the area less than four months earlier) is vaccinated, it should be indicated in the column “Remarks.” The monthly Report on Immunization Practice (form 1.8) is compiled on the basis of this form. Two sections of the report “Immunizations Made” and “Contraindications to DTP” (temporary) can be completed. Someone not showing up for immunization is not considered to be a refusal or contraindication, and subsequently it should not be reported in the monthly report form.

### Record Book 1.4: Record Book for Monthly Planning and Registration of Immunizations

#	Name	DoB	Home address	Type and order of vaccination	Vaccination scheduled for (date)	Vaccination actually done (date)		REMARKS (lot #, dose, or why not immunized according to the schedule)
						Under 1y/2y/6y	Late, Over 1y/2y/6y	
						BCG-1, DPT1-3, Polio1-3, HepB1-3, DT1-3		
						<12 mo	>12mo	
						DTP, DT, Polio-4		
						18mo-24mo	>24mo	
						Measles, Mumps, MMR-1		
						12-24mo	>24mo	
						Measles-2, OPV-5, DT, BCG-2		
						5y-5y11mo29d	>6y	
02/04	Iashvili Irakli	01.04.2002	5 Abashidze st.	DPT-1	01.06.	05.06.		lot# 3125 - 0.5 ml
				Polio-1	01.06.	05.06.		lot# 2465 - 2 drops
02/02	Gvensadze Eka	11.03.2002	2 Paliashvili St.	DPT-2	11.06.	16.06.		lot# 3125 - 0.5 ml
				Polio-2	11.06.	16.06.		lot# 2465 - 2 drops
02/01	Mishveladze Tamara	13.02.2002	80 Abashidze st.	DPT-3	13.06.	-----		temp. contraindication
				Polio-3	13.06.	20.06.		lot# 2465 - 2 drops
01/28	Gabunia Maka	14.05.2001	7 Eristavi St.	Measles-1	14.06.	25.06.		lot# 5612 - 0.5 ml
				Mumps	14.06.	25.06.		lot# 684 - 0.5 ml
00/31	Pipia Dato	15.06.2000	11 Eristavi St.	DPT-4	03.06.		25.06.	lot# 3125 - 0.5 ml
				Polio-4	03.06.		25.06.	lot# 2465 - 2 drops

\* Plan for the next month is done at the end of the current month on the basis of form 063. Non-vaccinated children from previous month should be added.

\* Registration number in this record book corresponds to the number in the Register of Children (1.1) and on forms 063 and 112.

\* Immunizations made should also be registered in forms 063 and 112.

\* Contraindications and refusals are registered in the record book for "Long-term," Constant Contraindications and Refusals (1.5).

\* At the end of every month a monthly Report on Immunization Practice is made on a basis of this record book - two sections, "Immunizations made" and "Contraindications to DTP," are filled in.

\* Not showing up is not considered as a refusal or temporary contraindication.

### Relation to Other Forms/Journals

The following table illustrates how Record Book for Monthly Planning and Registering of Immunizations (1.4) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
<b>Form 063</b> , records on immunization	Information on children who are to be immunized this month by the type of specified vaccines	<b>Record book 1.4</b>	<b>Form 1.8</b> , Report on Immunization Practice	Information on immunization practice this month
			<b>Record book 1.5</b> , Record Book for "More Than 1 Month," Constant Contraindications and Refusals	Information on Contraindications and Refusal
			Monitoring forms	Information requested on monitoring forms

## Record Book for Long-term (More than 1 Month), Constant Contraindications and Refusals (Record Book 1.5)

### Purpose of the Record Book

The Record Book for Long-term (More than 1 Month), Constant Contraindications and Refusals (1.5) is an obligatory document for every health care facility where immunizations are performed. Children with long-term (more than one month) and permanent contraindications to various immunizations and any refusals for immunization are registered in record book 1.5.

### Responsible Person(s)

A district doctor is responsible for maintaining this book for decisions about diagnosing or canceling long-term medical contraindications.

### Instructions for Filling Out Forms

In order to accurately register children who have had contraindications for more than one month (in case a contraindication is prescribed to the same child more than once), a note of “repeated” should be made in the column “Remarks.” A health worker also should make notes about the arrival or departure of children with long-term or permanent contraindications in that column as well.

Every month a health worker completes the “Contraindications to DTP” section (for long term and permanent) and “Refusals” section of the Report on Immunization Practice (1.8) based on this record book (1.5). If a child is diagnosed with permanent contraindication, it should be reported each month until the child reaches 1 year of age.

If a child is not vaccinated due to repeated or extended contraindication “over 1 month,” the Rayon Doctors’ Expert Group/Commission should discuss this issue and make a decision about further tactics regarding immunization of this child. Those that refuse immunization should still be offered immunization on subsequent immunization days.

### Relation to Other Forms/Journals

The following table illustrates how Record Book for Long-Term Constant Contraindications and Refusals (1.5) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
<b>Record book 1.4</b> , for Monthly Planning and Registering of Immunizations	Information on refusals and contraindications	<b>Record book 1.5</b>	<b>Form 1.8</b> , Report on Immunization Practice	Refusal and contraindications
<b>Form 112</b> , Child Development History	Final diagnosis and duration of contraindications			

**Record Book 1.5: Record Book for “Long-term” (More than 1 Month), Constant Contraindications and Refusals**

[illegible]

\* This record is kept at a vaccination point for registration of refusals and long-term (over 1 month) and permanent contraindications.

\* At the end of every month, a section of a monthly Report on Immunization Practice (form IV-04, exp. 1.8) is filled in on the basis of this record book.

# Record Book for Vaccine, Syringe, and Safety Box Flow (Record Book 1.6)

## Purpose of the Record Book

The Record Book for Vaccine, Syringe, and Safety Box Flow (1.6) is used to continuously track the supply, consumption, and remaining stock of vaccines, syringes, and safety boxes.

## Responsible Person(s)

The person charged with the responsibility to monitor the flow and consumption of materials is responsible for preparing this record book.

## Instructions for Filling Out Forms

The record book contains blank forms where the name of the item – vaccine, syringe, or safety box – should be written on the line next to “Material: \_\_\_\_\_.” The lot number and expiration date are entered, as appropriate, depending on the type of item, i.e., whether it is a vaccine, syringe, or safety box. Each material should have its own page (or multiple pages) in the record book.

In addition to regularly recording the receipt, issue, and usage of vaccines, syringes, and safety boxes, the health worker responsible for recording materials should always calculate the balance of all materials once any are received, given out, used, and destroyed. A health worker should continue recording the balance in the record book (1.6) in order to be able to accurately tell at any moment (not only at the end of month) how much material by type he or she has at the immunization point (store). The health worker should make notes in the record book (1.6) on the day the material is received, issued, or used. Leftover doses from the opened vials should be reported as “used” and not as “destroyed.” For example, if six children are vaccinated with vial of 10 doses and four doses are left, 10 should be recorded in the “used” section. Doses that have been destroyed during the reporting period because they have exceeded the expiration date, are damaged, or violate cold chain requirements should be recorded in the “destroyed” column.

At the end of every month a health worker should inventory the amount of materials left in the immunization point and check whether the amount corresponds to the balance in the record book (1.6).

The “utilization of vaccines” section of the monthly Report on Immunization Practice (1.8) is completed based on the data from the record book (1.6). The “amount utilized” includes the sum of used and destroyed vaccine doses. For vaccines, all records are made in doses, not in vials or mls.

## Relation to Other Forms/Journals

The following table illustrates how Record Book for Vaccine, Syringe, and Safety Box Flow (1.6) relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal	Target for Information	Type of Information
Act on “receiving/ giving out” of vaccines, syringes, and boxes	Amount of vaccines, syringes, and safety boxes received/given out	<b>Record Book 1.6</b>	“Utilization of vaccines” section of <b>Form 1.8</b> , Report on Immunization Practice	Info on received, issued, used, destroyed, or written off vaccines, syringes, and safety boxes
Journal of vaccination room and/or record book 1.4	Total amount of vaccines consumed			



### Record Book 1.6: Record Book for Vaccine, Syringe, and Safety Box Flow

at \_\_\_\_\_ Health Care Facility

Material: DPT Vaccine

DATE	RECEIVED				GIVEN OUT				USED	DESTROYED	BALANCE
	From	Amount (in doses)	Lot #	Exp. date	To	Amount (in doses)	Lot #	Exp. date	(in doses)	(in doses)	(in doses)
								<i>Balance</i>	<i>as of 31 May</i>		<b>=10</b>
1.06	CPH	60	c-3125	10.2003							70
3.06					FAP-1	10	c-3125	10.2003			60
4.06					FAP-2	10	c-3125	10.2003	10		40
5.06									10		30
8.06									20		10
Total for the month		60				20			40	0	10

\* Vaccine flow is tracked daily upon the vaccine being received, given out, or used (in doses!, not in ml or vials).

\* Balance of any vaccine at the vaccination point can be tracked at any time.

\* At the end of every month a section of a monthly Report on Immunization Practice is filled in on the basis of this record.

\* Total number of used and destroyed vaccine doses should be recorded in the column "amount utilized" of form 1.8.

## **Temperature Registration Record (Form 1.7)**

### **Purpose of the Form**

The Temperature Registration Record (form 1.7) is proposed to monitor the temperature at which vaccines are stored.

### **Responsible Person(s)**

One specially designated person at the district health care setting is responsible for making notes in the record book and signing the document at the end of each month.

### **Instructions for Filling Out Forms**

A health care worker responsible for vaccines should monitor the temperature in the refrigerator where vaccines are kept and note the temperature on form 1.7 twice daily (at the beginning and end of a working day). In case of a power failure or breakdown of the refrigerator, a health worker should make appropriate notes on form 1.7 (indicator 1 [D] means the refrigerator is turned off for defrosting; indicator 2 [N] means refrigerator is out of order (not working); indicator 3 [P] means refrigerator is turned off because of power deficiency) and take appropriate measures to ensure the proper temperature regimen for storage of the available vaccines.

### Form 1.7: Temperature Registration Record

Responsible Person (Name) \_\_\_\_\_

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Signature
JAN	morning																																
	evening																																
FEB	morning																																
	evening																																
MAR	morning																																
	evening																																
APR	morning																																
	evening																																
MAY	morning																																
	evening																																
JUN	morning																																
	evening																																
JUL	morning																																
	evening																																
AUG	morning																																
	evening																																
SEP	morning																																
	evening																																
OCT	morning																																
	evening																																
NOV	morning																																
	evening																																
DEC	morning																																
	evening																																

D = refrigerator is turned off for defrosting, N = refrigerator is out of order (not working),

P = Refrigerator turned of because of power deficiency.

\*Responsible person has to sign the document at the end of each month.

Signature of Responsible Person \_\_\_\_\_

## Report on Immunization Practice (Form 1.8)

### Purpose of the Form

The Report on Immunization Practice (form 1.8) is the main reporting document that reflects the immunization situation at immunization points and maternity houses. The form is compiled on a monthly basis and submitted to the appropriate health care facility according to territorial subordination.

### Responsible Person(s)

Each district doctor, with the help of district nurse and maternity house staff, is responsible for preparing a Report on Immunization Practice.

### Instructions for Filling Out Forms

The data needed to fill in the first section, “Immunizations given,” is taken from the Record Book for Monthly Planning and Registering of Immunizations (1.4).

The “Contraindications to DTP” section is completed on the basis of data obtained from two record books:

- ▲ Record Book for “More Than 1 Month,” Constant Contraindications and Refusals (1.5). Data from this record book can be used to fill in the “over 1 month,” “Permanent,” and “Refusal” columns.
- ▲ Record Book for Monthly Planning and Registering of Immunizations (1.4). Data from this record book is used for completing the “Temporary” column. If a person does not show up for an immunization, it should not be considered as a refusal or temporary contraindication, and subsequently should not be reported on this form.

Timeliness is measured with the help of DPT-3 (used as a marker). In order to fill in the “Timeliness” section, health staff must obtain data from record book 1.1 showing the number of children born during a month that is five months prior to the one being reported (e.g., during August of previous year if the report is made for January), and then check how many of these children have finished primary vaccination at the age of 4 months and 29 days. This will be possible to do at the end of the reported period (i.e., at the end of January in the example). For example, take all registration numbers for the children who were born in August of the previous year; collect all forms 112 or 063 for this registration number, and check how many of these children have completed their DPT-3 vaccination.

The “Use of vaccines” section is filled out by using data from the Record Book for Vaccine, Syringe, and Safety Box Flow (1.6), based on the type of specified vaccines. “Amount utilized” includes the sum of used and destroyed vaccine doses. The number of doses indicated in column 5 of the current month reporting form should be similar to the doses indicated in column 7 of the previous month’s form. The above-mentioned columns in the “Use of vaccines” section are needed to monitor the vaccine stock at various levels (health care facilities, CPH) and to ensure the even distribution of vaccines as they are used at immunization points.

### Field Statistics Reporting Form

Pursuant to article 177 of the Georgian Administrative Justice Violation Code, failure to submit statistical information on time, falsification of the submission data, or failure to use the established form by facilities will incur a penalty of eight to twelve times the amount of the minimum monthly salary.

Ministry \_\_\_\_\_  
(Name)

Form # 4 (Monthly)

District, rayon, facility \_\_\_\_\_  
(Name, address)

Approved by Georgian  
Ministry of Health and  
Social Welfare  
order #108/o 09.06.2000

Report on preventive vaccinations administered  
\_\_\_\_\_ (month) 20\_\_ (year)

REFUSALS		CONTRAINDICATIONS TO DTP			
			Short-term	Long-term	Permanent
DTP-1 (under 1y)		DTP-1 (under 1y)			
DTP-2 (under 1y)		DTP-3 (under 1y)			
DTP-3 (under 1y)		DTP-3 (under 1y)			
<b>TOTAL refusal</b>		<b>TOTAL contraind.</b>			

### Form 1.8: Report on Immunization Practice

Healthcare Facility, Period \_\_\_\_\_

Date \_\_\_\_\_

Immunizations Given				Utilization of Vaccine in Doses			
Vaccine	Age at vaccination	Number of people vaccinated	Total immunizations given	Balance at the beginning of the period (doses)	Received (doses)	Balance at the end of the period (doses)	Amount utilized (doses)
1	2	3	4	5	6	7	8=5+6-7
BCG-v	0-5 days		Total				
	6 days-11mo29d						
	More than 1 year						
BCG -2	5 years +						
DPT-1	2 months - 11mo29d		Total				
Diphtheria-Tetanus-Pertusis-1	More than 1 year						
DPT-2	3 months - 11mo29d						
Diphtheria-Tetanus-Pertusis-2	More than 1 year						
DPT-3	4 months - 11mo29d						
Diphtheria-Tetanus-Pertusis- 3	More than 1 year						
DPT-4	18 - 24 months						
Diphtheria-Tetanus-Pertusis-4	More than 24 months						
DT-1	under 1 year		Total				
Diphtheria-Tetanus-1	More than 1 year						
DT-2	under 1 year						
Diphtheria-Tetanus-2	More than 1 year						
DT-3	under 1 year						
Diphtheria-Tetanus- 3	More than 1 year						
DT-4	18 months +						
DT	5 years- 5 y11mo29d						
Diphtheria-Tetanus	More than 6 years						
OPV-1	2 months - 11mo29d		Total				
Poliomyelitis -1	More than 1 year						
OPV-2	3 months - 11mo29d						
Poliomyelitis -2	More than 1 year						
OPV-3	4 months - 11mo29d						
Poliomyelitis -3	More than 1 year						
OPV-4	18 -24 months						
Poliomyelitis -4	More then 24 months						
OPV-5	5 years- 5 y11mo29d						
Poliomyelitis -5	More then 6 years						
Other OPVs							
VHB-1	0 - 24 hours		Total				
Viral Hepatitis B-1	25 hours - 11mo29d						
	More than 1 year						
VHB-2	2 months - 11mo29d						
Viral Hepatitis B-2	More than 1 year						
VHB-3	3 months - 11mo29d						
Viral Hepatitis B-3	More than 1 year						
Other VHB-1							
Other VHB-2							
Other VHB-3							

Immunizations Given				Utilization of Vaccine in Doses			
Vaccine	Age at vaccination	Number of people vaccinated	Total immunizations given	Balance at the beginning of the period (doses)	Received (doses)	Balance at the end of the period (doses)	Amount utilized (doses)
1	2	3	4	5	6	7	8=5+6-7
Measles 1	12 -24 month		Total				
	More than 24 months						
Measles -2	5 years- 5 y11mo29d						
	More than 6 years						
Other Measles							
Mumps	12 -24 month		Total				
	More than 24 months						
Other Mumps							
Rubella	12 -24 month		Total				
	More than 24 months						
MMR	12 -24 months		Total				
	More than 24 months						
	5 years- 5 y11mo29d						
	More than 6 years						
MR	12 -24 months		Total				
	More than 24 months						
	5 years- 5 y11mo29d						
	More than 6 years						
Td Tetanus - Diphtheria	14 years						
Td Other							
Syringe Disposal Containers							
TIMELINESS	No. of children born in ____200__ (5 months prior to the report month) =>						
	Of these - no. of children who finished primary immunization at 4mo29d =>						

If no vaccinations were performed during the reporting month, facilities should submit zero reports. The “Timeliness” section should be filled out as well.

The vaccination of a child who arrived at the territory less than four months ago (a “guest”) should be reported in this monthly form (1.8). If such practice is extensive, the rayon center of public health manager may request information from the facilities about the number of guests vaccinated with DPT-3. This information should be submitted in a written form along with the monthly reports.

Maternity houses should complete both the “Immunizations given” and “Use of vaccines” sections of form 1.8.

Form 1.8 is both a recording and a reporting document for immunization points. Two copies of the form are needed; one is submitted to the appropriate health care facility according to territorial subordination not later than on the 28<sup>th</sup> day of the current month.

### **Relation to Other Forms/Journals**

The following table illustrates how the Report on Immunization Practice (form 1.8) relates to the types of information presented in other forms.

<b>Source of the Information</b>	<b>Type of Information</b>	<b>Current Form/Journal</b>
<b>Record book 1.4</b> , for Monthly Planning and Registering of Immunizations	Information on immunizations given	<b>Form 1.8</b>
<b>Record book 1.5</b> , for “More Than 1 Month,” Constant Contraindications and Refusals	Information on “more than 1 month” and “permanent” contraindications	
<b>Record book 1.1</b> , for Registering Children by Year of Birth	Number of children born during a 6-month period prior to reporting month	
<b>Record book 1.6</b> , for Vaccine, Syringe, and Safety Box Flow	Information on use of vaccines by the type of specified vaccines	
<b>Forms 112 and/or 063</b>	For fully vaccinated 5 months, 29 days against DPT-3	



## 2. Submission of the Reporting Documentation

The following explains what reporting documentation the immunization point must submit and when:

- ▲ Population by Age Report (1.2), annually, no later than November 10
- ▲ Prospective Plan for Immunizations for the Next Year (1.3), annually, no later than November 10
- ▲ Report on Immunization Practice (1.8), monthly, no later than the 28<sup>th</sup> of the month. It is a basis for monitoring the entire immunization program and can serve as a signal for taking measures on eliminating detected mistakes and problems.

Original reports must be kept at the health care facility. Copies of each report are submitted to the next level according to territorial subordination.

The reports mentioned above, and other recording documents, are the basis for preparing documentation for the state statistical reporting. The order of the flow of information is defined according to the relevant decree of the MoLHSA.



### 3. Monitoring System

Health care facilities that have subordinate immunization points are the first level of immuno-prophylaxis management. Summary reports are made starting at this level, and this is where staff are responsible for ensuring that the reporting forms submitted by their subordinate areas are filled out completely and correctly and analyze all indicators of the immunization of the population.

Health officials who manage health care facilities are personally responsible for the timeliness and quality of information in the reporting forms. The appropriate analytical worksheets to calculate indicators and provide graphical analysis should be elaborated for every subordinate facility. The accuracy of the reported data will be analyzed by checking subordinate FAPs and therapeutic and pediatric districts, according to the approved checklist, and by an analysis of the results in the recommended worksheets.

**Monitoring of immunizations at this level should be based on the following indicators:**

- ▲ DPT-3 coverage of children under 1 year (percentage)
- ▲ DPT-3 coverage of children at the age of 4 months 29 days (percentage)
- ▲ Vaccine usage/wastage indicator
- ▲ Percentage of children under 1 year with contraindications to DPT 1-3
- ▲ Percentage of DPT refusals in children under 1 year

All the indicators should be analyzed on a monthly basis. Graphical monitoring is recommended for immunization points that have more than 50 children under 1 year old. If necessary, monitoring of other quantitative and qualitative indicators may be performed.

# Monitoring of DTP-3 Coverage of Children Under 1 Year

## Purpose of the Form

This form is proposed to monitor work performed in FAPs, ambulatories, and therapeutic or pediatric districts.

## Responsible Person(s)

Every district doctor in areas that have more than 50 children under 1 year old could prepare this monitoring document, with the help of a district nurse.

## Instructions for Filling Out Forms

If vaccination of children under 1 year old is organized properly, the coverage should reach 96 to 97 percent, because according to the immunization schedule, the majority of children should get their DPT-3 immunization before they are 5 months old. Only some children with justified long-term contraindications or extended intervals between DPT-1, -2, and -3 will be able to complete the primary vaccination set from the ages of 5 months to 1 year. The number of children who have permanent or long-term contraindications will not be significant if the immunization tactics are correct.

A worksheet is completed on a monthly basis to monitor DPT-3 coverage of children under 1 year using the principle of “Cumulative calculations.” This worksheet can be used at various meetings for making decisions.

Once the DPT-3 coverage cumulative percentage has been calculated every month, a curve reflecting this percentage should be built on the graph. After building the curve, a health worker will be able to easily compare DPT-3 coverage during the given period of time at his or her district with the target line reflecting the average percentage of DPT-3 coverage needed to reach the goal until the end of the year.

In a case where the curve reflecting DPT-3 coverage during the given period of time is below the target line and does not approach it the following month, the health worker should regard this as an urgent signal to detect the reasons behind the low coverage and to take appropriate measures to correct any problems, which might have resulted from the following reasons:

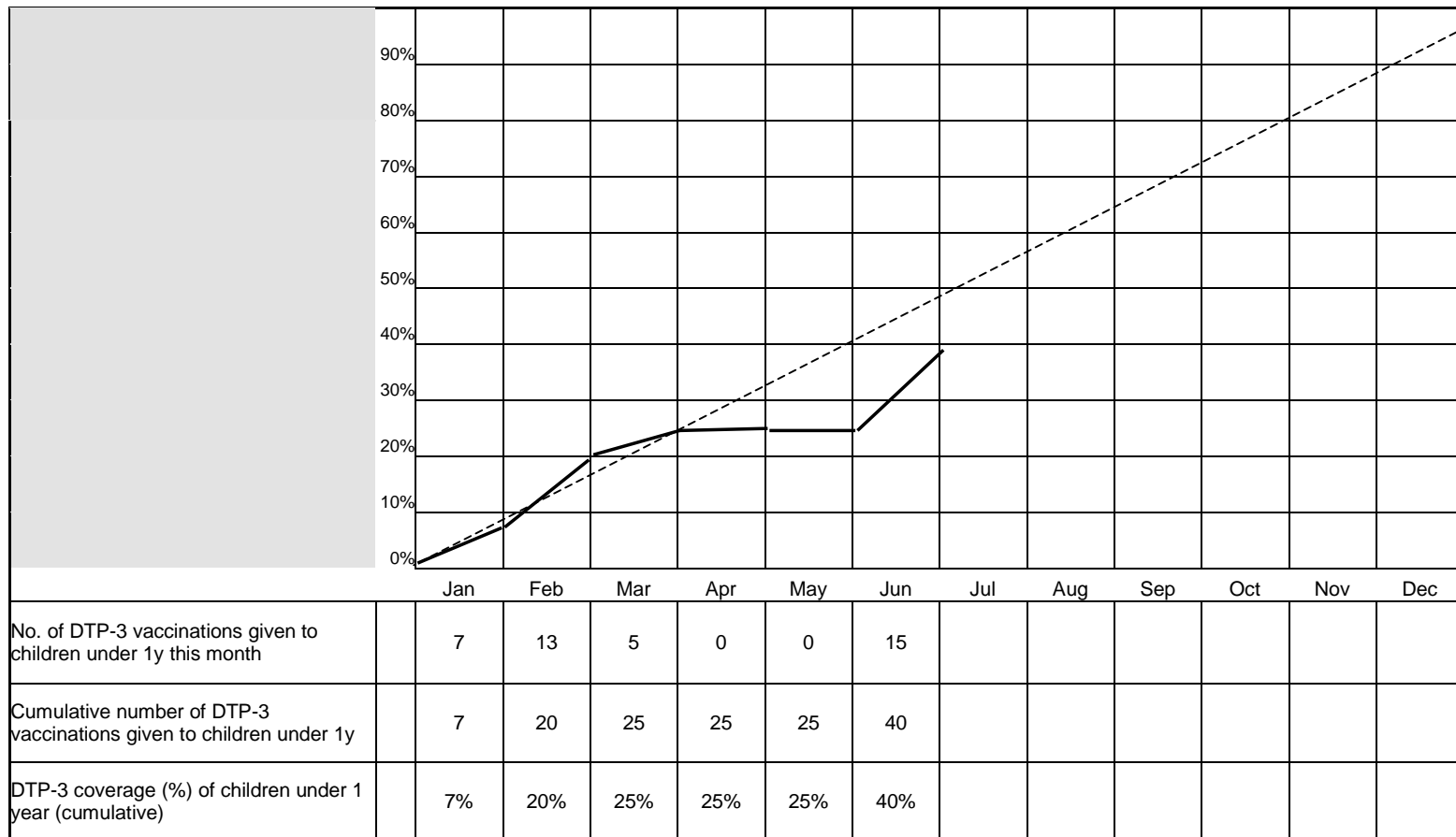
- ▲ Failure to reach all children under 1 year old
- ▲ Unreasonably high rate of contraindications
- ▲ Frequent or prolonged shortages of vaccine(s)
- ▲ High proportion of refusals to receive vaccine

The corrective strategy will depend on identifying the appropriate reason.

Cases that have too high (above the target line) DPT-3 coverage of children under 1 year should be analyzed bearing in mind the actual number of children born (the target population). Such cases can either refer to the wrong definition of the target group “under 1y” or reflect the difference in the number of children born monthly.

### Monitoring of DPT-3 Coverage of Children Under 1 Year in 200\_

Total number of children in the district – 100



\* Number of children under 1 year - is taken from the Population by Age Report (1.2).

\* This record is kept at the level of rayon CPH, district polyclinic or ambulatory for monitoring of the performed work

### Relation to Other Forms/Journals

The following table illustrates how the form to monitor DPT-3 coverage of children under 1 year relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
Form 1.2, Population by Age Report	Number of children under 1 year	<b>Monitoring of DPT-3 Coverage of Children Under 1 Year</b>
Form 1.8, Report on Immunization Practice	Number of DPT-3 vaccinations given to children under 1 year this month	

## **Monitoring of Timeliness of the Primary Vaccination (DPT-3) at 4 Months 29 Days**

### **Purpose of the Form**

The Monitoring of Timeliness of the Primary Vaccination form is important for assessing what percentage of children have been vaccinated with DPT-3 before they reach the age of 5 months.

### **Responsible Person**

Every district doctor, with the help of a district nurse, is responsible for preparing the monitoring document.

### **Instructions for Filling Out Forms**

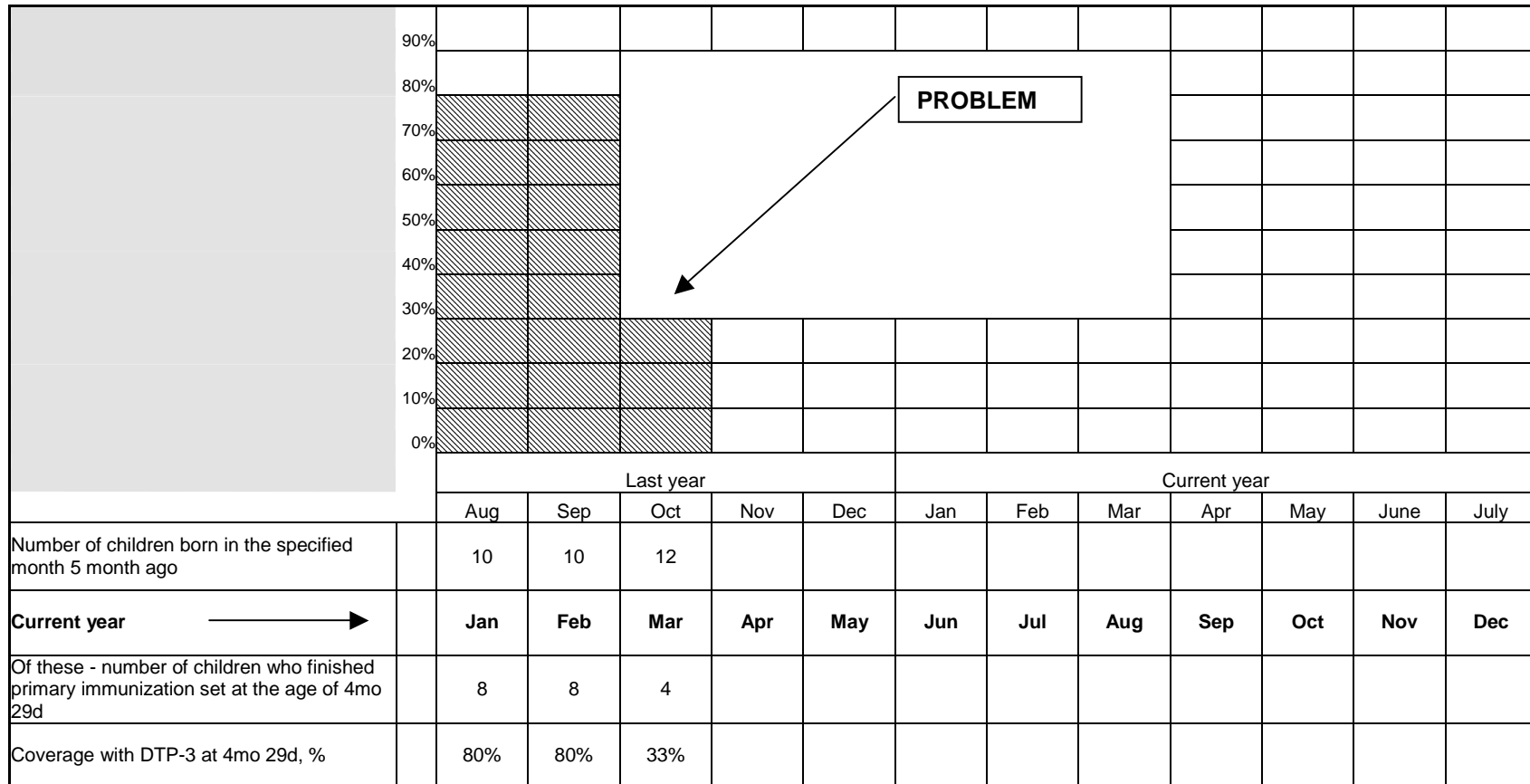
Analysis of this indicator requires comparing the number of children born five months prior to the month selected for monitoring in the village/town/raion with the number of registered children eligible for DPT-3 that month at the age of 4 months 29 days and the number of DPT-3 performed according to the data from forms 063 and the Record Book for Monthly Planning and Registering of Immunizations (1.4). One should note that the number of children born in the given month can differ from the number of children recorded in the civil register (parents can register the newborns later due to a number of reasons). Another factor that should be taken into account is the migration of children: children registered in one area can stay in another area for a long period of time, where they also can be registered and immunized. As a rule, migration from urban areas to rural areas increases in summer and autumn. Under these circumstances, and with the proper coordination between health care facilities in the raions, the number of children immunized with DPT-3 at 4 months 29 days at FAPs can be greater than the number of children registered in the village council, whereas their number in towns can be less. However, this difference will be smoothed out in the totals.

The district physician can prepare a quantitative analysis of this indicator by calculating the percentage of children from the town's polyclinic and village ambulatory who received DPT-3 in time. For example, children born in August should receive DPT-3 no later than January. The district doctor also should submit to the CPH information about the number of children immunized among those who are eligible for DPT-3, as well as information about the number of children not immunized, with an analysis of the reasons why.

If the indicator of timeliness of immunization in a town/raion/health care facility is low and remains to be low during several months (one quarter), urgent measures should be taken to improve the situation. For instance, using information from those children who are registered, one should determine whether the child's place of temporary residence is known and whether the health worker of the polyclinic or FAP of that child has been notified. If a child moves from the raion, one should investigate whether the parents have been informed about the immunization schedule for this child. If the number of refusals of vaccinations is high, one should go into the field to try to meet the parents of such children. In the case of a large number of contraindications, one should go to the spot to study the justification.

**Monitoring of Timeliness of Primary Vaccination (DPT-3)  
of Children Under 1 Year in 200\_**

at \_\_\_\_\_ VDA-1 \_\_\_\_\_ (health care facility)



\* This record is kept at the level of rayon, polyclinic or village ambulatory for monitoring of the work and filled in at the end of every month.



DPT-3 coverage at 4 months 29 days should be analyzed for every particular month (not cumulative) with regard to actual registered children. The reasons for this are the general decrease in the birthrate, the differences in the number of newborns that can occur by months of the year; and existing areas where no children may be born during a month.

### **Relation to Other Forms/Journals**

The following table illustrates how the Monitoring of Timeliness of the Primary Vaccination form relates to the types of information presented in other forms.

<b>Source of the Information</b>	<b>Type of Information</b>	<b>Current Form/Journal</b>
<b>Record book 1.1</b> , Record Book for Registering of Children by Year of Birth	Number of children born in the specified month	<b>Monitoring of Timeliness of the Primary Vaccination (DPT-3)</b>
<b>Form 063</b> , Prophylactic Immunization Records or <b>Form 112</b>	Number of children who finished primary immunization set at the age of 4 months, 29days	

# Vaccine Usage Indicator

## Purpose of the Form

The Vaccine Usage Indicator is important because health care facility managers should know the amount of vaccines used per number of immunizations made at every immunization point for which they are responsible.

## Responsible Person(s)

Every district doctor is responsible for preparing the monitoring document with the help of a district nurse.

## Instructions for Filling Out Forms

DPT vaccine usage has been chosen as a marker, which can indirectly speak about problems related to immunization of children. It should be calculated on a quarterly basis.

If this indicator is too low ( $\leq 1$ ), either the data are inaccurate due to improper recording of vaccine usage or the children are not getting immunized properly (e.g., they received less of a dose than required). On the other hand, if the indicator of vaccine usage is too high ( $> 1.5$ ), this may have been caused by improper organization of days for immunization, failure to adhere to the temperature storage regimen, or improper recording of vaccine usage. Vaccine usage indicators should be compared between similar immunization points (separately for FAPs, village ambulatories and separately for town children's polyclinics).

Health care facility managers should know how a vaccine was used; however, they should be careful when interpreting these data. Higher than average wastage can be justified for vaccinating sparsely populated territories or for opening a large vial in order to take advantage of an opportunity to vaccinate children that would normally be very hard to reach. Urgent measures should be taken if the vaccine usage indicator becomes *unreasonably* high or low.

The major vaccine wastage reduction strategies at the facility level are as follows:

- ▲ Better planning of immunization sessions (grouping by days and by places)
- ▲ Use of outreach mobile immunization brigades
- ▲ Improved cold chain to avoid exposure of vaccines to heat and freezing
- ▲ Rationalized distribution of vaccines (to use all vaccines before expiration dates and to avoid prolonged storage of unused vaccines where cold chain failure is likely)
- ▲ Training in the use of vaccine vial monitor (VVM) equipped vaccines
- ▲ Use of optimal product mix where appropriate (e.g., two dose vials in villages and 20 dose vials in urban polyclinics)

in \_\_\_\_\_(year)

[illegible]

**Example of calculation of the DPT vaccine usage indicator (wastage coefficient):**

30 doses of DPT were used at ambulatory during a quarter; 22 immunizations with DPT (1-4) were made.

$$\text{Vaccine usage indicator} = 30:22 = 1.36$$

Usage indicators for other vaccines can be computed in a similar way.

Acceptable wastage coefficients for each vaccine are listed below. Wastage that exceeds these numbers points to existence of the above-described problems.

BCG	3.0
DPT	1.3
Polio	1.3
DT	1.6
Td	1.6
Measles	2.0
Rubella	2.0
Mumps	2.0
Hepatitis B	1.3

Note: wastage coefficient for one-dose vaccine should not be higher than 1.05

**Relation to Other Forms/Journals**

The following table illustrates how the Vaccine Usage Indicator form relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
<b>Form 1.8</b> , Vaccine utilization section	Amount of used vaccines (doses)	<b>DPT Vaccine Usage Indicator</b>
<b>Form 1.8</b> , Report on Immunization Practice	Number of DPT vaccinations made	

# Monitoring of the Percentage of Children with Contraindications to DTP and Refusals

## Purpose of the Form

This monitoring form is proposed to monitor volume and share of contraindications and refusals.

## Responsible Person(s)

Every district doctor is responsible for preparing this monitoring document with the help of a district nurse.

## Instructions for Filling Out Forms

One of the reasons for the uncompleted vaccination of children under 1 year is groundless contraindications. According to recommendations from the World Health Organization, the number of children under 1 year with justified long-term and permanent contraindications should not exceed 2 percent.

The percentage of children under 1 year with contraindications to DPT in an ambulatory, FAP, or polyclinic is calculated monthly on the basis of summary reports on immunization practice. A graph built monthly can show the tendency for contraindications to increase or decrease. If the percentage of contraindications to vaccination increases in a certain territory (facility), the situation will require urgent organizational decisions – first of all to determine which FAPs/ambulatories are responsible for the unsatisfactory indicator. A similar analysis can be done for every polyclinic (children consultation clinic) on the basis of the indicators at pediatric districts.

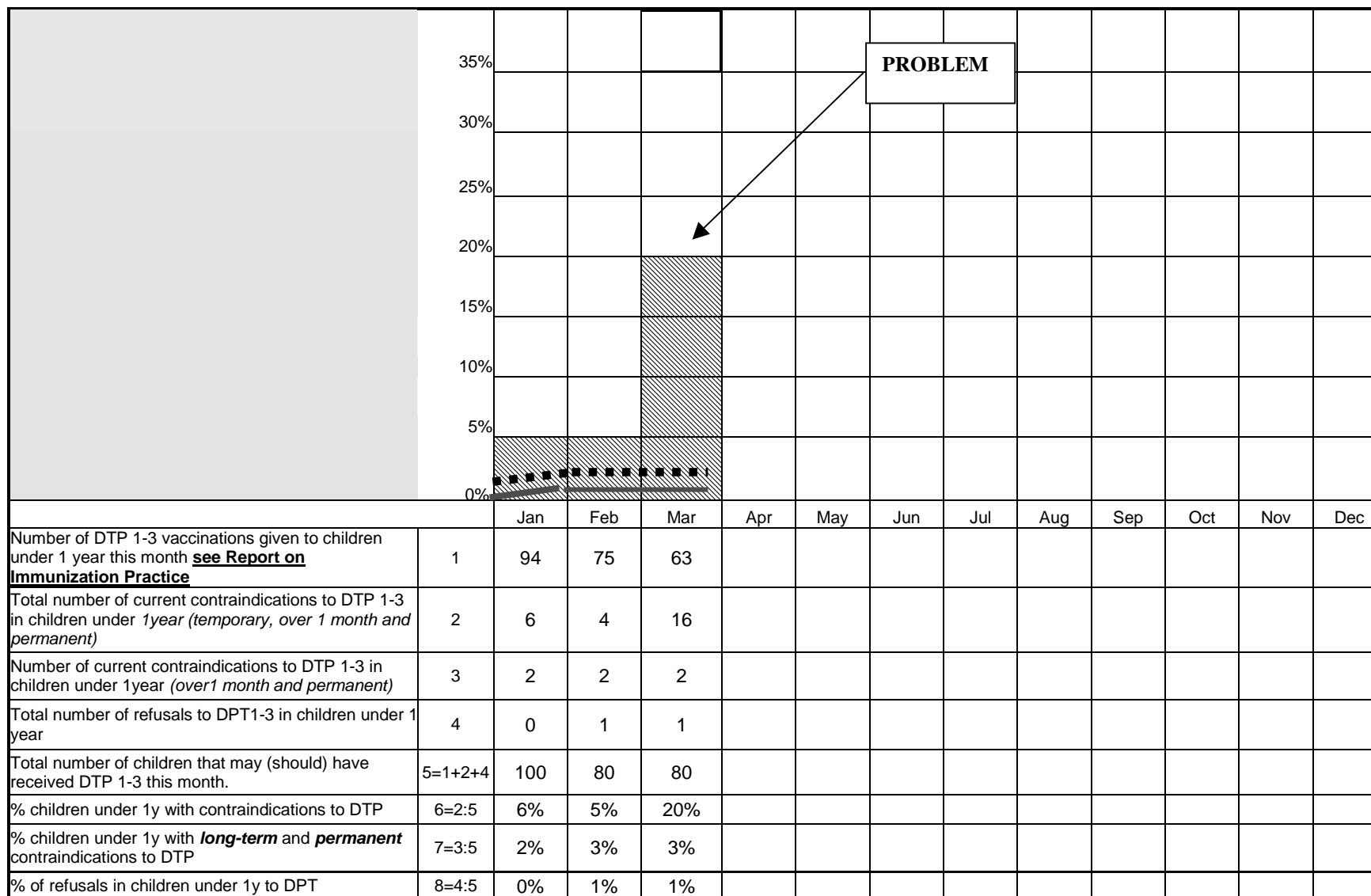
Analysis of the refusal rate is performed in a similar fashion; graphical monitoring of this indicator is recommended for facilities with 100-200 or more children under the age of one.

## Relation to Other Forms/Journals

The following table illustrates how the Monitoring of the Percentage of Children with Contraindications to DPT and Refusals form relates to the types of information presented in other forms.

Source of the Information	Type of Information	Current Form/Journal
<b>Form 1.8</b> , Report on Immunization Practice	Number of DPT-1, -2, -3 vaccinations given to children under 1 year this month	<b>Monitoring of the Percentage of Children with Contraindications to DPT and Refusals</b>
	Total number of current contraindications to DPT-1, -2, -3 in children under 1 year (short-term, "more than 1 month," and permanent)	
	Total number of refusals to DPT in children under 1 year	
<b>Record book 1.4</b> , for Monthly Planning and Registering of Immunizations	Total number of children that may (should) have received DPT-1, -2, -3 this month	

**Monitoring of Percentage of Children with Contraindications to DTP and Refusals**  
(by Month) in \_\_\_\_\_ (year) in \_\_\_\_\_ (Health District, Health Facility)



\* This record is kept at the level of village ambulatories and polyclinics for monitoring of the work.

## 4. Evaluating Facility-Level Performance/ Providers

The Performance Evaluation Checklist for Immunization Providers (below) contains simple questions that providers can use to self-monitor their work and district CPHs can use to monitor immunization points. The checklist allows for clear and objective evaluations. Periodic monitoring will help health care providers and managers to identify problem areas and plan appropriate interventions to solve the problems.

**Performance Evaluation Checklist for Immunization Providers**

<b>AVAILABILITY OF REGISTRY</b>	
1. Does Record book 1.1. reflect the semi-annual censuses covering ALL children residing in the catchment area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is Form 1.2 available at the facility/immunization point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is Form 1.3 available at the facility/immunization point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is Record book 1.4 available at the facility/immunization point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is Record book 1.5 available at the facility/immunization point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Is Record book 1.6 available at the facility/immunization point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CORRECTNESS OF RECORD MANAGEMENT/ORGANIZATION</b>	
7. Is the number of Form 063 for the given age group equal to the number of children in this age group in Record book 1.1?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does the registration number in the Record book 1.1 correspond to the number on forms 112 and 063 and in Record book 1.4?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Check to ensure Record book 1.1 is filled properly: Are there notes made about whether a child has left or arrived at a district for permanent residence (in pen) or temporarily indicating the period (in pencil)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do the numbers in various age groups in Form 1.2 equal the number of the same age group in Form 1.3?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Is the data about immunizations performed entered into all recording forms (063,112, 1.4) during the same day?***	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Check selected Forms 063 against Record book 1.5 and Form 112. Do all carriers have same contraindications recorded and documented according to procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does the balance of vaccines in refrigerator coincide with the balance in Record book 1.6?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Check Record book 1.6 against Record book 1.4: Do the dates for vaccine usage coincide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CORRECTNESS OF DATA TRANSFER INTO REPORTING FORMS</b>	
15. Are Record book 1.1 entries for age groups the same as in Form 1.2 (check all age groups)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is immunization plan 1.3 made on the basis of the Population by Age Report (1.2) and Forms 063 (older children who missed the opportunity to get immunized during last year)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Check Form 1.8 against Record book 1.1 and Forms 063: Does it correctly reflect the timeliness of DPT-3 immunization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Does the number of performed immunizations in the monthly report (form 1.8) by every type of vaccination reflect the data from the Record Book for Monthly Planning and Recording of Immunizations (1.4)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does Form 1.8 correctly reflect all refusals or temporary, long-term, and permanent contraindications from Record books 1.4 and 1.5.	Yes <input type="checkbox"/> No <input type="checkbox"/>

20. Does Form 1.8 correctly reflect vaccine usage for various vaccines from Record book 1.6.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ANALYSIS, MONITORING, USE OF INFORMATION FOR MANAGEMENT (at the level of pediatric polyclinic, PAU, or rayon PHC)</b>	
21. Does facility have Prospective Plan for Immunizations (form 1.3) for children and adults for every subordinate FAP (district doctor)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Does facility have Report on Immunization Practice (form 1.8) for every subordinate FAP (district doctor)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Does facility have summary monthly worksheets with cumulative numbers by every type of immunization according to the annual plan with calculation of percentage for every subordinate FAP (district doctor)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Does facility have records with names of children who have not been immunized or not completed DPT-3 at 4 months 29 days at each FAP as well as reasons behind it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Is calculation of vaccine needs for every FAP and district based on the annual plan of immunizations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Are vaccines, syringes, and safety boxes issued to FAPs and their usage monitored with the Record Book for Vaccine, Syringes, and Safety Box Flow (1.6)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Are the expired, poor quality, or leftover vaccines destroyed appropriately and in a timely manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Have constant contraindications in children over 1 year been prescribed by the Immunologic Commission on a basis of conclusions of relevant specialists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Does the facility perform regular analysis of vaccine usage/wastage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Have any management decisions (e.g., on improvement of coverage, vaccine wastage reduction) been made as the result of the analysis of data in the past three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>COLD CHAIN (These points are not analyzed if a refrigerator is not available.)</b>	
31. Is there a refrigerator at the vaccination point, ambulatory, or FAP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Are there vaccine carriers for transportation of vaccines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Does the refrigerator work or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If it does not work, for how long has it not worked and why?	
34. Has anyone been informed about the fault? Or have any other measures been taken?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35. Is the temperature in the refrigerator recorded twice daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>
36. Is the temperature taken at the center of the refrigerator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
37. Check the temperature in the refrigerator and compare it with the recorded morning temperature on that day. Are the temperatures within the recommended range (+2 <sup>o</sup> to +8 <sup>o</sup> C)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
38. Have vaccines been correctly placed on refrigerator shelves (polio, mumps, measles, rubella vaccines – on the upper shelf; BCG – on the middle shelf; DPT, DT, Td, immunoglobulins, bacteriophages, vaccine dilutants – on the lower shelf)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
39. Are there ice packs (3-4) for vaccine carriers in the freezer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
40. Are vaccines stored properly during power cut-offs? (There is no need for special storage conditions if power is cut off for less than 8 hours a day.) During a cut-off period a refrigerator should not be opened. Are vaccines stored properly in case of absence of a refrigerator at the FAP?	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Sample several age groups (two to three) and check with record book 1.1.

\*\* Check correctness of all age groups, and even if one is not correct, the answer is "No."

\*\*\* Random sample from the boxes where forms 063 are kept for various age groups (pick two to three) and check against form 112 and record book 1.4 to see if the data about performed immunizations is entered into all recording forms (063, 112, 1.4) during the same day, and if the immunization information (date, type of vaccine, or refusal/contraindications) on all these forms are the same. If any of the information does not coincide, the answer is "No."



The person doing the (self-) monitoring should carefully consider each question in the checklist and respond as to whether the condition has been met or not. Where the condition has been met (“Yes”), no further clarification is needed. If a condition has not been met or has been only partially fulfilled (“No”), one should indicate exactly what is wrong and recommend how to correct the failing. Depending on the difficulty of meeting certain conditions, one should decide whether advisory assistance from central rayon specialists is needed and when the next evaluation will take place.

**Note:** All polyclinics should be evaluated each year. In the future, the polyclinic chief, who will have been briefed on the checklist, will perform the evaluation together with an immunologist. An epidemiologist (or assistant epidemiologist) will use the data from the evaluation checklist during subsequent evaluations. He/she will verify the reliability of selected responses to individual questions in districts that have both unsatisfactory and good indicators. Verification will be done at every pediatric and/or therapeutic district.

In order to fairly evaluate the performance of immunization workers, workers must be adequately trained. Current evaluations should be analyzed to reveal gaps in worker knowledge and skills, and training targeted to these gaps. Subsequent evaluations should be studied to make sure these gaps are narrowing or have disappeared completely.

### Evaluation of the Work of Immunization Facilities

Health Facility	Date of Visit	Number of Questions in the Checklist																				Notes
		1	2	3	4	5	6	7	8	9	...	31	32	33	34	35	36	37	38	39	40	
FAP-1	2/1/2002	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+		--	+	
FAP-2	2/2/2002	+	+	+	+	+	--	+	+	+		--	+	+	+	+	+	+		--	+	
VDA	2/3/2002	+	+	+	+	+	--	+	+	+		--	+	+	--	--	--	+		+	+	
<b>TOTAL</b>	No. of answers	3	3	3	3	3	1	3	3	3		1	3	3	2	2	2	3		1	3	
	% of answers "YES"	100	100	100	100	100	33	100	100	100		33	100	100	66	66	66	100		33	100	